

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> No on Prop 6: Stop the Attack on Bridge & Road Safety, sponsored by business, labor, local governments and transportation advocates			<b>Date of This Filing</b> <u>10/02/2018</u>  <b>Report No.</b> <u>943378-IL</u>  <input type="checkbox"/> <b>Amendment to Report No.</b> _____ <small>(explain below)</small>  <b>No. of Pages</b> <u>4</u>	Date Stamp     Page 1 of 4	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;">             CALIFORNIA FORM 497           </div> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (916)285-5733	<b>I.D. NUMBER</b> (if applicable) 1400937				
<b>STREET ADDRESS</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>CITY</b>            Sacramento         </div> <div style="width: 20%;"> <b>STATE</b>            CA         </div> <div style="width: 30%;"> <b>ZIP CODE</b>            95814         </div> </div>					

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/01/2018	Ace American Insurance Co. Philadelphia, PA 19106	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00
10/01/2018	Associated General Contractors Issues PAC, Vote No On Prop 6 West Sacramento, CA 95691  ID# 970230	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$50,000.00
10/01/2018	D.P. Nicoli, Inc. Tualatin, OR 97062	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00

### \*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

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<b>STREET ADDRESS</b>  					
<b>CITY</b> Sacramento	<b>STATE</b> CA	<b>ZIP CODE</b> 95814	<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
			<b>No. of Pages</b> <u>4</u>		

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10/01/2018	French & Company Insurance Services, Inc. Irvine, CA 92606	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00
10/01/2018	McLean & Schultz Brea, CA 92821	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00
10/01/2018	Rubber Pavements Association, Inc. Phoenix, AZ 85044	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$8,000.00

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<b>STREET ADDRESS</b>  					
<b>CITY</b> Sacramento	<b>STATE</b> CA	<b>ZIP CODE</b> 95814			

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10/01/2018	Systra Bloomfield, NJ 07003	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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<b>CITY</b> Sacramento	<b>STATE</b> CA	<b>ZIP CODE</b> 95814	<b>No. of Pages</b> 4		

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: